

MAIL TO:

**IDAHO TRANSPORTATION DEPARTMENT**  
**PO BOX 34**  
**BOISE ID 83731-0034**

**FEES**

Out-of-State Manufacturer License.....	\$100.00	Manufacturer Plate.....	\$16.00
Distributor License .....	\$100.00	(includes \$1.00 mailing fee)	
Factory Representative License (Each) .....	\$ 25.00	Renewal of Manufacturer Plate.....	\$12.00

<b>APPLICATION FOR <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> DISTRIBUTOR LICENSE</b>			
Company Name		Applicant's Printed Name	
Mailing Address	City	State	Zip
Location Address (if different from above)	City	State	Zip
Area Code & Phone Number (       )	Area Code & Fax Number (       )		
Authorized Signature <b>X</b>			
<b>PRODUCT INFORMATION</b>			
Manufactured or Distributed Product Name(s)			
Type of Vehicle(s)			
<b>FACTORY REPRESENTATIVE(S) APPLICATION</b>			
Applicant's Name	Social Security Number	Date of Birth	
Territory	Signature <b>X</b>		
Applicant's Name	Social Security Number	Date of Birth	
Territory	Signature <b>X</b>		
Applicant's Name	Social Security Number	Date of Birth	
Territory	Signature <b>X</b>		
Manufacturer's Authorized Signature <b>X</b>			
<b>PLATE ORDER AND FEES SUBMITTED</b>			
New or additional dealer plates ordered: _____		@ \$16.00 each = \$ _____	
List plate numbers to be renewed below: _____		@ \$12.00 each = \$ _____	
(total)			
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Manufacturer License (\$100.00)		\$ _____	
Distributor License (\$100.00)		\$ _____	
Factory Representatives _____		@ \$25.00 each = \$ _____	
(total)			
<b>TOTAL ENCLOSED</b>		<b>\$ _____</b>	